

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90014 045 ****61.25

DOCUMENT # N47426

1. Entity Name
GLENLAKES HOMEOWNERS ASSOCIATION, ESTATE
SECTION, PHASE I, UNIT II A, INC.



Principal Place of Business
9000 GLEN LAKES BLVD.
BROOKSVILLE, FL 34613

Mailing Address
9000 GLEN LAKES BLVD.
BROOKSVILLE, FL 34613

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLOVER, RALPH S.
9000 GLEN LAKES BLVD.
BROOKSVILLE, FL 34613

7. Name and Address of New Registered Agent

Name
DAVID CRAIGHEAD
Street Address (P.O. Box Number is Not Acceptable)
9000 GLEN LAKES BLVD
City
WEEKI WACHEE FL Zip Code
34613

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/8/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PARENTE, NICK	
STREET ADDRESS	8377 BETHANY LANE	
CITY-ST-ZIP	WEEKI WACHEE, FL 34613	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRAIGHEAD, DAVID	
STREET ADDRESS	9000 GLEN LAKES BLVD.	
CITY-ST-ZIP	BROOKSVILLE, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SIMMS, DENNIS R.	
STREET ADDRESS	9000 GLEN LAKES DR.	
CITY-ST-ZIP	BROOKSVILLE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENTE, NICHOLAS	
STREET ADDRESS	8360 SHERMAN CIR	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIGHEAD, DAVID	
STREET ADDRESS	9000 GLEN LAKES BLVD	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMM, DENNIS R	
STREET ADDRESS	9000 GLEN LAKES BLVD	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DAVID CRAIGHEAD 3/8/07 352 597-9000
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #